

County: Sheboygan  
MORNINGSIDE HEALTH CENTER  
3431 NORTH 13TH STREET  
SHEBOYGAN 53083 Phone:(920) 457-5046  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/02): 71  
Total Licensed Bed Capacity (12/31/02): 72  
Number of Residents on 12/31/02: 70

Facility ID: 5740

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Ownership: Corporation  
Highest Level License: Skilled  
Operate in Conjunction with CBRF? No  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 70

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		37.1
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		44.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.4	More Than 4 Years		18.6
Day Services	No	Mental Illness (Org./Psy)	14.3	65 - 74	1.4			-----
Respite Care	No	Mental Illness (Other)	4.3	75 - 84	31.4			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	57.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	12.9		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	11.4	65 & Over	98.6	-----		
Transportation	No	Cerebrovascular	7.1		-----	RNs		14.6
Referral Service	No	Diabetes	7.1	Sex	%	LPNs		2.0
Other Services	No	Respiratory	4.3	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	38.6	Male	28.6	Aides, & Orderlies		40.5
Mentally Ill	No		-----	Female	71.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%			Per Diem (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	6	100.0	254	38	100.0	109	1	100.0	109	25	100.0	138	0	0.0	0	0	0.0	0	70	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	6	100.0		38	100.0		1	100.0		25	100.0		0	0.0		0	0.0		70	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
				% Needing				Total	
Percent Admissions from:		Activities of		Assistance of		% Totally		Number of	
		Daily Living (ADL)		One Or Two Staff		Dependent		Residents	
Private Home/No Home Health		13.8	Independent		78.6		20.0		70
Private Home/With Home Health		0.0	Bathing		77.1		14.3		70
Other Nursing Homes		0.0	Dressing		61.4		12.9		70
Acute Care Hospitals		75.4	Transferring		52.9		24.3		70
Psych. Hosp.-MR/DD Facilities		0.0	Toilet Use		32.9		10.0		70
Rehabilitation Hospitals		0.0	Eating						
Other Locations		10.8							
Total Number of Admissions		65							
Percent Discharges To:				% Special Treatments				%	
		Indwelling Or External Catheter		Receiving Respiratory Care				10.0	
Private Home/No Home Health		31.7	Occ/Freq. Incontinent of Bladder		Receiving Tracheostomy Care				0.0
Private Home/With Home Health		0.0	Occ/Freq. Incontinent of Bowel		Receiving Suctioning				0.0
Other Nursing Homes		6.3			Receiving Ostomy Care				2.9
Acute Care Hospitals		4.8	Mobility		Receiving Tube Feeding				2.9
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		Receiving Mechanically Altered Diets				31.4
Rehabilitation Hospitals		0.0							
Other Locations		4.8	Skin Care		Other Resident Characteristics				
Deaths		52.4	With Pressure Sores		Have Advance Directives				88.6
Total Number of Discharges			With Rashes		Medications				
(Including Deaths)		63			Receiving Psychoactive Drugs				64.3

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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		This Facility	Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities
		%	%	Ratio	%	Ratio	%	Ratio	% Ratio
Occupancy Rate: Average Daily Census/Licensed Beds		97.2	84.7	1.15	87.1	1.12	85.3	1.14	85.1 1.14
Current Residents from In-County		88.6	81.6	1.09	81.5	1.09	81.5	1.09	76.6 1.16
Admissions from In-County, Still Residing		33.8	17.8	1.91	20.0	1.69	20.4	1.66	20.3 1.67
Admissions/Average Daily Census		92.9	184.4	0.50	152.3	0.61	146.1	0.64	133.4 0.70
Discharges/Average Daily Census		90.0	183.9	0.49	153.5	0.59	147.5	0.61	135.3 0.67
Discharges To Private Residence/Average Daily Census		28.6	84.7	0.34	67.5	0.42	63.3	0.45	56.6 0.51
Residents Receiving Skilled Care		100	93.2	1.07	93.1	1.07	92.4	1.08	86.3 1.16
Residents Aged 65 and Older		98.6	92.7	1.06	95.1	1.04	92.0	1.07	87.7 1.12
Title 19 (Medicaid) Funded Residents		54.3	62.8	0.86	58.7	0.93	63.6	0.85	67.5 0.80
Private Pay Funded Residents		35.7	21.6	1.66	30.0	1.19	24.0	1.49	21.0 1.70
Developmentally Disabled Residents		0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1 0.00
Mentally Ill Residents		18.6	29.3	0.63	33.0	0.56	36.2	0.51	33.3 0.56
General Medical Service Residents		38.6	24.7	1.56	23.2	1.66	22.5	1.71	20.5 1.88
Impaired ADL (Mean)		47.1	48.5	0.97	47.7	0.99	49.3	0.96	49.3 0.96
Psychological Problems		64.3	52.3	1.23	54.9	1.17	54.7	1.17	54.0 1.19
Nursing Care Required (Mean)		6.6	6.8	0.98	6.2	1.06	6.7	0.98	7.2 0.92